

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 591848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4						
5						
6						
7						
8						
9						
10			1			
11			1			
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		←
TOTAL CLAIMS				↓		←